

Name In Full

Certificate of Death

William D. Cryer -
 Town *Conception* County *St. Mary's* MARYLAND
 Died at
 Date 1902 May 26 Y. M. D. Native of *Id.* Occupation *Cryerman*
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *3*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Bright's
Neumia

How long sick

one year

Accident, Suicide, Homicide

Reported by

L. B. Johnson

Address

Minerva

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Robert Hanson

Town

County

Died at

Leonardtown St Marys.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 1

Age

46 - -

St Marys Co

Farm hand

Male

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

five

Husband

of

Wife

Father's

Name

Rebecca Hanson

Mother's

Maiden Name

Cause of

Primary

Obtuse

12

How long sick

8 months

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

J. H. Greenwell

Address

Leonardtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John H. Holley
 Town County

Died at *Mechanicsville* *St. Mary's* MARYLAND

Date 1902	Month <i>May</i>	Day <i>28</i>	Y.	M.	D.	Native of <i>St. Mary's Co.</i>	Occupation <i>Farmer</i>
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living <i>two</i>

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Bright's disease

How long sick

Six months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Jack. R. Morgan, M.D.

Address

Mechanicsville, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Cornelius Drillburn

Town

County

MARYLAND

Died at *Redgate*

St Marys

Date 19*02* *May 2*

Age *52* - -

Native of

Occupation

St Marys Housewife

Male
Female

White
Colored

Married
Single

Widow
Widower

Number of children living *3*

Husband of

Wife *Albert Drillburn*

Father's Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

apoplexy

let

How long sick

18 hours

Accident, Suicide, Homicide

Reported by

Address *St Marys*

H. F. Greenwell M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elijah James Shurley

Died at

Hillston

County

St. Mary's

MARYLAND

Date 19

02

Month

Day

May 3

Y.

M.

D.

Age

28, 10, 3

Native of

Occupation

Ind

Laborer

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

~~Widow~~

Number of children living

3

Husband

of

Wife

Father's

Name

William Shurley

Mother's

Maiden Name

Mary Virginia Shurley

Cause of

Primary

Death

Immediate

Cerebral Apoplexy

How long sick

10

Accident, Suicide, Homicide

Reported by

Rt. V. P. ...

Address

Calverton P.O.

... Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Shirley
 Town County

Died at *Huntersville*

St. Mary's

MARYLAND

Date 19 <i>02</i>	Month <i>May</i>	Day <i>19th</i>	Y. <i>80</i>	M. <i></i>	D. <i></i>	Native of <i>Maryland</i>	Occupation <i>Farmer</i>
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living <i>Six</i>	

Husband of *Don't know*

Father's Name *Don't know* Mother's Maiden Name *Don't know*

Cause of Death	Primary <i>Heart-disease</i>	How long sick <i>over a year</i>
	Immediate <i>Asthma</i>	
	<i>79</i>	Accident, Suicide, Homicide

Reported by *Jac. R. Morgan, M.D.*

Address *Mechanicville Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thos. H. Satterow (Colored)

Town

County

Died at

Charlotte Hall

St. Mary's

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

May 6th

Age *60 (about)*

Ind.

Hostler

Male

~~White~~

Married

~~Widow~~~~Single~~~~Female~~

Colored

~~Single~~~~Widower~~Number of children living *Don't know*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Grippe

Pneumonia

10

How long sick

10 days

~~Accident, Suicide, Homicide~~

Reported by

J. B. Morgan M. J.

Address

Mechanicville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Alicia Young

Town

County

Died at

Lancaster

St Marys

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1902

5

11

Age

30

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

~~Husband~~

of

Wife

Father's

Name

Henry Young -

Mother's

Name

Cause of

Primary

Apoplexy

Cat

How long sick

2 hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

L. B. Johnson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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